



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH JAY HOSPITAL

City of Hospital: Portland

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-1320

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9176038
Outpatient Patient Service Revenue	\$76556044
Total Gross Patient Service Revenue	\$85732082

2. Deductions From Revenue

Contractual Allowance	\$-48430304
Other Deductions	\$3199475
Total Deductions	\$-45230829

3. Total Operating Revenue

Net Patient Service Revenue	\$38832734
Other Operating Revenue	\$481367
Total Operating Revenue	\$39314101

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4719239	\$274
Medicaid	\$589986	\$41
Commercial Insurance	\$841773	\$49
Self-pay	\$13478	\$2
Any Other Category of Payer	\$-27011	\$1
Total	\$0	\$0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$13674228	\$18918
Medicaid	\$9179306	\$12415
Commercial Insurance	\$9289125	\$12593
Self-pay	\$315296	\$2040
Any Other Category of Payer	\$237314	\$804
Total	\$0	\$0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$18393467	\$19192
Medicaid	\$9769293	\$12456
Commercial Insurance	\$10130897	\$12642
Self-pay	\$328774	\$2042
Any Other Category of Payer	\$210303	\$805
Total	\$0	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4719239	\$274
Medicaid	\$589986	\$41
Commercial Insurance	\$841773	\$49
Self-pay	\$13478	\$2
Any Other Category of Payer	-\$27011	\$1
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$13674228	\$18918
Medicaid	\$9179306	\$12415
Commercial Insurance	\$9289125	\$12593
Self-pay	\$315296	\$2040
Any Other Category of Payer	\$237314	\$804
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$18393467	\$19192
Medicaid	\$9769293	\$12456
Commercial Insurance	\$10130897	\$12642
Self-pay	\$328774	\$2042
Any Other Category of Payer	\$210303	\$805
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$12484216	Employee Benefits	\$3917847
Depreciation and Amortization	\$2688166	Interest Expense	\$0
Bad Debt	\$1668519	Other Expenses	\$20236545
Total Operating Expenses	\$40995293		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1681191	Total Assets	\$18005634
Net Non-operating Gains over Loss	\$-17634	Total Liabilities	\$18005634
Total Net Gains	\$-1698825		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$36566414	\$18172674	\$18393740
Medicaid	\$19703754	\$9934275	\$9769479
Other Government	\$557892	\$470585	\$87307
Other State	\$0	\$0	\$0
Other Payers	\$28904021	\$18321815	\$10582206
Total	\$85732081	\$46899349	\$38832732

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$11245	\$-11245

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$56421	\$-56421
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$1841837

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$802857	
HCI Payments	\$0		
Subtotal	\$0	\$802857	\$-802857
Medicaid Shortfalls	\$10026708	\$10081852	
Subtotal	\$10026708	\$10884709	\$-858001
DSH Payments	\$0		
Subtotal	\$10026708	\$10884709	\$-858001
Medicare Shortfalls	\$9914465	\$9633274	
Other Government Programs	\$0	\$0	
Total	\$19941173	\$20517983	\$-576810

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$751232	\$1229783	\$-478551
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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